



Why is Infant and Young Child Feeding in Emergencies important?

Disruption and displacement of populations in emergency situations greatly impacts on the health and nutrition status of infants and young children. During emergencies, even in previously healthy populations the rates of child mortality can soar up to 70 times higher than average and child morbidity and crude mortality rates can increase by 20% in 2 weeks¹ due in particular to diarrhoea and consequent malnutrition. The youngest babies are the most vulnerable. The Lancet demonstrated that optimal breastfeeding and complementary feeding could reduce child mortality in children under five more than any other preventative measure² by up to 26%³. In emergencies, this potential to save children's lives through optimal breastfeeding and complementary feeding could be even higher. For example, in emergencies, total infant mortality rate for infants under 1 year has been found to be 12-53% higher than normal⁴. In emergencies, feeding practices can be undermined by issues such as displacement, insecurity, lack of privacy and poor access to adequate nutrition for both mother and child. Adequate nutrition and care of infants and young children are key factors in ensuring health and survival and appropriate IYCF-E support has consequently become a major strategy in preventing and reducing child morbidity and mortality during humanitarian emergency response.

As stated above, malnutrition is one of the major threats to child survival during an emergency and for those who survive it can also have tremendous consequences on their cognitive, social, motor skill, physical and emotional development⁵. If caught in time malnutrition can be usually be treated but this is not always the case, further management of a child with malnutrition in infants is complicated by a lack of evidence and knowledge about diagnosis and the most appropriate treatment protocols in different contexts. For a myriad of reasons prevention of malnutrition must be the goal, with treatment as a safety net. The best way to prevent malnutrition is through ensuring optimal feeding and care for children through supporting exclusive breastfeeding, appropriate complementary foods, and a supportive care environment – the backbone of IYCF-E programming.

What is Infant and Young Child Feeding in Emergencies?

Infant and Young Child Feeding in Emergencies, collectively referred to as IFE or IYCF-E, concerns the protection and support of safe and appropriate feeding for infants and young children (ages 0-<24 months of age) in emergencies, wherever they happen in the world. It refers to a range of nutrition and care techniques that improve child survival and growth. As such IYCF-E is concerned with protecting and supporting breastfed and non-breastfed infants, complementary feeding, care practices, child development, child protection, pregnancy and general maternal and child nutrition and health (mental and physical). IYCF-E is about feeding of infants and young children but in order to ensure this and appropriate care for the infant it requires cross-sectoral responsibility and engagement including WASH, camp management, security, shelter, health, food security and livelihoods, logistics, child protection, general coordination, etc. It also encompasses a range of activities at different levels, for policy development to building capacity for one-to-one support of mothers.

IYCF-E aims to protect and support appropriate feeding practices for infants and young children that will prioritise

¹ WHO, Guiding principles for feeding infants and young children during emergencies, 2004

² Black R E et al. 'Maternal and child under-nutrition global and regional exposures and health consequences. The Lancet, 371:243-60. 2008

³ Calculations using Lancet series and other papers from SCUK, Hungry for Change. 2009

⁴ World Breastfeeding Week. Breastfeeding – a vital emergency response. Are you ready? 2009

⁵ Black R E et al. 'Maternal and child under-nutrition global and regional exposures and health consequences. The Lancet, 371:243-60.

their needs and enhance their chances of healthy growth, development and survival despite the emergency environment.

Save the Children is dedicated to advancing ensuring there is appropriate IYCF-E programming. The *IYCF-E Toolkit* has been designed to promote best practice and rapid implementation of infant and young child feeding in emergencies. The toolkit aims to meet the needs of emergency nutrition programme managers, coordinators, and advisors who are responsible for program design, implementation and management of IYCF-E programs in emergency contexts.

Introduction to the Toolkit

The IYCF-E Toolkit has been designed as a collection of tools needed to begin implementation of IYCF-E programmes, as a new emergency nutrition activity. The Toolkit was envisioned not as a re-creation of existing tools and resources that are currently available, but as an easy-to-use compilation of these tools and resources that will allow Nutrition Advisors, Coordinators and Programme Managers to rapidly access needed inputs and begin implementation as soon as possible, without needing to spend a lot of time searching for certain tools.

However, as discussed in the review on IYCF-E programming undertaken by Save the Children⁶ there are a lack of tools on IYCF-E and further those tools that have been developed have not been fully assessed. Consequently, while it is recognized that whilst this toolkit is urgently needed it is not complete and the development of further tools along with a review of those tools by actors in different emergency contexts is needed. Save the Children commits to this process and encourages other agencies and organisations, in the IFE Core Group and wider, to do the same and feedback to Save the Children to update the toolkit.

The toolkit is not meant to be used as a replacement of national protocols. When starting up any emergency nutrition program, the first resource for programme managers is the Ministry of Health. Where countries have national protocols in place for IYCF-E programming, these protocols must be utilized and any IYCF-E Toolkit tools should be adapted to the national protocols. Where a country has adopted standardized IYCF-E forms and reporting formats, these forms and formats should be used. Further, in countries where national protocols and tools have been developed for IYCF programming in non-emergency contexts, it may be more appropriate to use/adapt these for the emergency context. This link between IYCF (in normal contexts) and IYCF-E has previously been called ‘the handshake’⁷ and whilst there are additional issues/priorities in the emergency context it must be remembered that where possible building on the successes/systems of normal IYCF programming in times of emergencies must be a priority, in order to have greater and more sustainable outcomes.

The tools contained in the IYCF-E Toolkit are not prescriptive. Not all components may be required by every programme and adaptations to fit specific contexts are encouraged. As stated above it is recognized that this Toolkit may not be wholly comprehensive. Program Managers may find other resources and tools very helpful and we encourage use of these tools as well as to recommend their inclusion in future editions of the IYCF-E Toolkit. As IYCF-E programming continues to evolve and as operational research yields best practices of IYCF-E programs, updated versions of the Toolkit will be developed and piloted. Your input will be invaluable to ensuring this toolkit remains practical and useful and all feedback is welcomed, which will feed into future versions.

Using the Tools

⁶ Save the Children. Infant and Young Child Feeding in Emergencies: Why are we not delivering at scale? A review of global gaps, challenges and ways forward. October 2012.

⁷ Save the Children, UNICEF. Strengthening Infant and Young Child Feeding Programming and Planning for Emergency Preparedness and Response Workshop. 25th-29th June 2012

Each step of the programme cycle for setting up an IYCF-E programme forms the nine sections of the Toolkit, which are as follows:

- A. Policy
- B. Assessing the Need
- C. Proposal Development
- D. Programme Planning and Reporting
- E. Caseload and Supply Needs
- F. Staff
- G. Orientation and Training
- H. Monitoring and Supervision
- I. Coordination and Communications

The contents of each of these sections are subdivided into three main categories: Key Concepts (summaries and overviews), Annexes (tools, templates and examples) and References. They are as follows:

Key Concepts

The essential, must-have information about IYCF-E in order to plan an appropriate and relevant IYCF-E programme. This includes summaries and overviews of the key concepts.

Annexes

Tools, Templates and examples are included in this section. These documents will help you practically implement your IYCF-E programme.

References

All reference material, which will provide in-depth knowledge on the related topic is included in this section.

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